



(PVA PAYROLL APPROVAL)

(PLEASE TYPE)

Date _____, 20____

1. NAME (First name, middle initial and surname)		2. SOCIAL SECURITY NO.		4. EFFECTIVE DATE	
		3. COUNTY/CODE		Month Day Year	
5. ADDRESS (Street and No., City or Town)		State	ZIP Code	7. ENDING DATE (If less than permanent appointment)	
				Month Day Year	
8. NATURE OF PERSONNEL ACTION				9. REMARKS	
(Indicate reason for action in remarks) <input type="checkbox"/> Election <input type="checkbox"/> Death <input type="checkbox"/> Appointment <input type="checkbox"/> Dismissal <input type="checkbox"/> Reclassification <input type="checkbox"/> Suspension <input type="checkbox"/> Promotion <input type="checkbox"/> End of Term <input type="checkbox"/> Increment <input type="checkbox"/> Leave W/O Pay <input type="checkbox"/> Lateral <input type="checkbox"/> FMLA <input type="checkbox"/> Demotion <input type="checkbox"/> Military Leave <input type="checkbox"/> Address Change <input type="checkbox"/> Resignation <input type="checkbox"/> Name Change <input type="checkbox"/> Retirement <input type="checkbox"/> Salary Change <input type="checkbox"/> Vacancy Promotion <input type="checkbox"/> 6 Months Salary Change <input type="checkbox"/> Other _____				FUND SOURCE _____	
FROM		10. Position Title		TO	
		11. Salary or Wage (Monthly or Hourly)			
		12. Pay Period Rate			
		13. Pay Grade/Pop. Grade			
14. DATE OF BIRTH		15. RACIAL ORIGIN		16. SEX	
Month	Day	Year	<input type="checkbox"/> 0-White <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 1-Black or Alaskan Native <input type="checkbox"/> 2-Hispanic <input type="checkbox"/> 5-Other <input type="checkbox"/> 3-Asian American	<input type="checkbox"/> Male <input type="checkbox"/> Female	

RECOMMENDED _____
Property Valuation Administrator

DATE _____

APPROVED _____
FAC/PVA Administrative Support Branch

DATE _____

COPY DISTRIBUTION

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